

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: 10/22/03

Application Type:: Continuation

Subject Matter:: Utility

Title:: DIGITALLY MODELING THE DEFORMATION  
OF GINGIVAL TISSUE DURING  
ORTHODONTIC TREATMENT

Attorney Docket Number:: 018563-005820US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 8

Total Drawing Sheets:: 11

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: MUHAMMAD

Family Name:: CHISHTI

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 972 Corte Madera, Apt. 302

City of Mailing Address:: Sunnyvale

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 95086

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: HUAFENG  
Family Name:: WEN  
City of Residence:: Redwood Shores  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2117 Gossamer Avenue  
City of Mailing Address:: Redwood Shores  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94055

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity  
Given Name:: ELENA  
Family Name:: PAVLOVSKAIA  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Street of Mailing Address:: 1688 Sutter Street, #8  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Portugal  
Status:: Full Capacity  
Given Name:: KA MAN  
Family Name:: CHEANG  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA

Street of Mailing Address:: 520 Hawthorn Avenue, #1  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94086

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 10/280,556	Continuation of Continuation of	10/280,556 09/311,716	10/24/02 05/14/99

### **Assignee Information**

Assignee Name:: Align Technology, Inc.  
Street of mailing address:: 881 Martin Avenue  
City of mailing address:: Santa Clara  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95050